

SUPERVISION POLICY FOR SAUSHEC CYTOPATHOLOGY FELLOWS

1. **Purpose:** This policy outlines the requirements for supervision of fellows enrolled in the San Antonio Uniformed Services Health Education Consortium Cytopathology Fellowship Program and applies to rotations at San Antonio Military Medical Center (SAMMC).

2. **General:** Four levels of staff supervision are used to allow cytopathology fellows to assume increasing roles in graduated responsibility during the fellowship.

a. **Direct Supervision (DS):** This level of supervision means the supervising staff is physically present and actively supervising the fellow. For cognitive tasks, such as case sign-out, this means that the staff and fellow(s) are sitting together at the microscope. For procedures, such as fine needle aspirations, the staff is present in the room with the patient and/or present for the procedure (if the procedure is being performed by another clinical department). The staff is thus able to provide verbal guidance or assume direct physical control of the procedure.

b. **Indirect Supervision with Direct Supervision Immediately Available (ISDI):** This level of supervision means the supervising staff is physically within the hospital and is immediately available to provide direct supervision. For cognitive tasks, such as case sign-out, this means that the fellow independently looks at cases and then gives the case to the staff for quality control (QC) review. The staff's name will appear on the signed-out cytopathology report. For procedures, this may require staff to go to the site of the procedure if the fellow needs assistance.

c. **Indirect Supervision with Direct Supervision Available (ISDA):** This level of supervision means the supervising staff is not physically present within the hospital, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision.

d. **Oversight:** This level of supervision means the supervising staff is able to provide review of procedures/encounters with feedback provided after care is delivered. For procedures, this means that the fellow can go on adequacy and fine needle aspiration procedures independently and, if needed, render an interpretation of adequacy on the specimen (not a preliminary diagnosis). The specimens will then be subsequently looked at by the fellow and staff and discussion can take place on the accuracy of the adequacy interpretation.

2. **Responsibilities and Supervision of Fellows:** Supervision of the cytopathology fellow is focused on the practice of cytopathology, to include the performance of procedures to retrieve cytologic material (generally Fine Needle Aspiration Biopsies),

onsite evaluation of cytologic material retrieved by other providers, cytopathologic specimen handling and processing, interpretation and reporting of cytologic casework, and cytology laboratory management. At the end of the one-year training program in cytopathology, the fellow will achieve a subspecialist's level of skill in the practice of cytopathology to include all of the above. Cytopathology fellows are not credentialed providers at SAMMC; therefore, staff supervision and guidance is continuous throughout the one year fellowship. However, as the fellow gains expertise and confidence, he/she will have graduated levels of responsibilities as outlined below:

- a. All cytology specimens (gyn's and non-gyn's) must be reviewed by a staff pathologist prior to sign out. The staff pathologist's signature block must be present on the report, along with a comment stating the case has been reviewed in consultation with that staff pathologist.
- b. For the first three months of this one-year long fellowship program, cytologic cases are initially previewed by the cytopathology fellow. FNA's and any difficult cases will be reviewed together at the scope by a credentialed staff of the SAMMC Pathology Department (**DS**). Routine cases (gyn's and non-gyns) are given to the staff for QC peer review and finalization prior to signout (**ISDA**). As the fellow progresses through the fellowship, the majority of cases will be then be given directly to the staff for QC peer review without concomitant case review directly with the staff (**ISDA**).
- c. The majority (~90%) of FNA and non-gynecologic specimens should be complete within 48 hours after accessioning, to include the additional review by a QC cytopathologist.
- d. In as much as maintenance of surgical pathology skills is imperative to the study and practice of cytopathology, the fellow can participate in routine intraoperative consultation (frozen sections) and routine surgical sign-outs. The fellow can be scheduled on average once to twice monthly for surgical case sign-outs, with an average workload of 60-70 surgical pathology cases per month. The fellow must be either board-certified or board-eligible in anatomic pathology to sign-out surgical pathology cases. Quality control (QC) procedures for surgical pathology cases will be followed, as per departmental SOPs.
- e. The fellow is the first point of contact for performance of superficial fine needle aspiration (FNA) procedures and on-site immediate assessment of image-guided deep FNA procedures. Depending on the fellow's prior experience, at least the first 10 FNA procedures performed by the fellow will be directly supervised by a staff cytopathologist (**DS**). After that, the fellow may perform all superficial FNA's independently without staff in the room (**ISDI and Oversight**). Fellows will be directly supervised for ALL ultrasound-guided FNA's throughout the fellowship (**DS**).

- f. The fellow is also the first point of contact for specimen adequacy procedures where the procedure (i.e. FNA or core biopsy) is performed by a different clinical department. The fellow is called solely to assess adequacy of the specimen obtained. During the first month of the fellowship, the fellow will have direct supervision during adequacy procedures (**DS**). After the first month, the fellow may independently go on adequacy procedures and may call a staff cytopathologist at any time to help assess adequacy, if needed (**ISDI and Oversight**). If a preliminary diagnosis is requested on an adequacy/FNA case, a staff cytopathologist will review these cases with the fellow within 4 hours after the procedure.

- g. The fellow actively participates in pathology resident and cytotechnology student teaching. Teaching skills will be assessed by the Program Director, Interservice Cytotechnology Program, with appropriate feedback, to include lecture evaluation forms completed by the cytotechnology students and instructors. Supervision of the teaching that is provided by the cytopathology fellow is the responsibility of the Program Director of the Cytopathology Fellowship program.